



Washington State Department of
Labor & Industries

Installer Training and Certification Program

1-800-647-0982 FAX 360-902-5229

www.fas.lni.wa.gov

**REGISTRATION FOR
MANUFACTURED HOME INSTALLER
CONTINUING EDUCATION**

(Print clearly or type)

NAME (First, Middle Initial, Last)

☐ Mr.

☐ Ms.

☐ Mrs.

Home Phone: _____

Mailing

Address: _____

(check one)

☐ Home

☐ Business

City _____

State _____

Zip Code _____

Business

Name: (If applicable) _____

Business

Phone: _____

Applicant is ☐ owner ☐ employee of this business.

E-mail Address: _____

WAINS # _____ *(Your installer certification must be current in order to take this training.)*

Class Preference

Indicate your first and second choice for the class location, date, and session you would like to attend.

First Choice: Location _____ Date _____

_____ Morning Session (8:00 to Noon)

_____ Afternoon Session (1:00 to 5:00)

Second Choice: Location _____ Date _____

_____ Morning Session (8:00 to Noon)

_____ Afternoon Session (1:00 to 5:00)

NOTE: Every effort will be made to place you in the class of your choice. Registrations are accepted on a first-come first-served basis. Early registration will help ensure placement into your preferred class.

Course Fee \$40.00 *(A check or money order must accompany this registration form)*

*Make check payable to **Department of
Labor and Industries** and mail to:*

**Installer Training and Certification Program
PO Box 44420
Olympia WA 98504-4420**

OFFICE USE ONLY

Location/Date _____

Payment Received _____

☐ Show

☐ No Show

Confirmation Mailed _____

Certificate Mailed _____